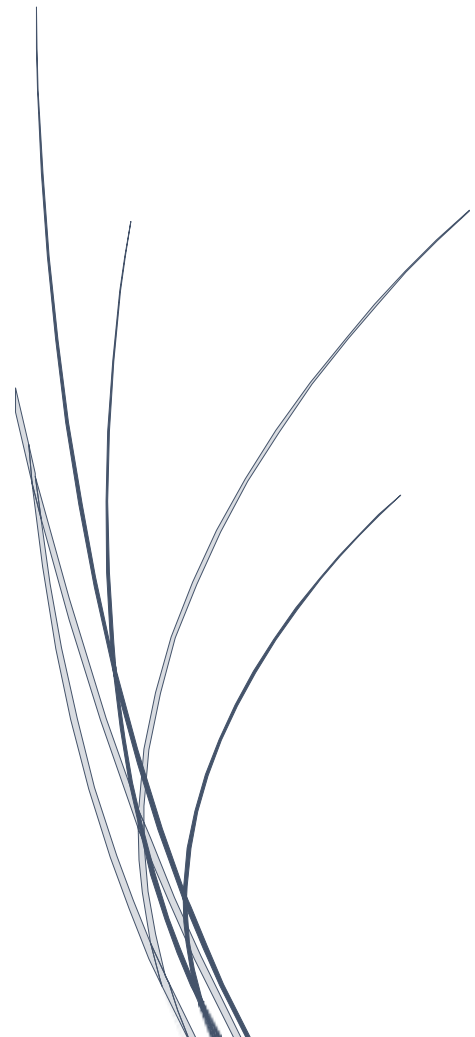




Children's Division Access to Medical Records Report

2nd Semiannual 2021

Report for July 1, 2021 – December 31, 2021



Introduction

The Department of Social Services (the Department) oversees several programs to support the general welfare of children in the State of Missouri. The Department has established the Children's Division to administer and manage the programs for children who are in the legal custody of the state. The Children's Division promotes the well-being of Missouri children by partnering with parents, family/community members, and government agencies. The Children's Division has developed specific programs to provide specialized services. These programs help strengthen families through intervention, prevention, early child care, adoption, and foster care.

Each Children's Division program is unique; however, the emphasis of this report is on the children in the "Missouri Foster Care Program." This refers to children placed away from their parents or placed in Children's Division custody for 24-hour care. A foster care program includes placements in: foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. When children are suddenly separated from their parents or other caregivers for entrance into the foster care system, it can be a difficult and traumatic time for families. When the child is in Children's Division custody, it is in the best interests of the child for parents, resource providers, and case managers to know that child's medical history and current information and share that medical history with those individuals who are providing care.

This report documents the commitment of the Children's Division to ensure that pertinent medical records and/or medical information for a child will be made available to appropriate members of the child's treatment and/or family support team. The child's teams may include resource providers (such as foster parents), a guardian ad litem, medical care providers, parents, and other individuals who provide support or services to a child or family. Access to medical records and/or medical information is consistent with federal and state law and Children's Division policy.

To ensure the confidentiality, maintenance of, and access to a child's medical record are consistent with applicable provisions of federal and state law, Children's Division is compliant with the Department's information security policy. The information security process was implemented to be in compliance with the federal Health Insurance Portability and Accountability Act and the State of Missouri's Sunshine Law requirements.

The term medical record is used to describe the systematic documentation of a child's medical history and plan of care. The medical record includes a variety of "notes" entered by health care providers. These notes include, but are not limited to: orders for the administration of drugs and therapies, laboratory results, treatment/service plans, and observations of the child's symptoms and/or responses to treatment. The information contained in the medical record allows health care providers to assess the child's current treatments and review previous medical history. This can increase the providers' ability to prescribe safe and effective remedies. The medical record serves as the central source for planning the child's care and documenting the provision of medical services.

The Children's Division has placed great importance on the oversight and coordination of medical/behavioral health services provided to children in its care and custody. Access to medical records is a vital and essential service for each child. The medical records can provide prescribers, the child, parent(s), placement providers, and case managers with enough information to promote the effective and efficient delivery of various medical/behavioral health treatments. This report contains Children's Division's current efforts to create access to medical records and their future plans to provide access to these records.

Current Efforts for Access to Medical Records

The Children's Division continues to evaluate and implement new and improved methods that will support access to medical information and records. A recent upgrade to the document imaging system (OnBase) was to allow the names of the [Health Care Information Summary](#), [Monthly Medical Logs](#) and [Child/Family Health and Developmental Assessment](#) forms to be part of a system-wide search. In addition to these forms, referrals sent to the State Clinical Consultant have been included in the search tool. This upgrade provides a swift and consistent method to locate and retrieve these vital documents.

The Children's Division Family Support Team meetings remain an essential part of the development and delivery of services to children in foster care. In an effort to provide a standardized process for Family Support Team members, Children's Division has introduced the New Missouri Model for Alternative (Foster) Care. The Missouri Model is a structured communication and collaboration process for individuals i.e., case managers, parents, and resource providers who are involved in the planning, implementation, and monitoring of the Model for Alternative (Foster) Care's "Social Service Plan." The tools utilized to help create the Social Service Plan are the Initial Family Assessment and the Monthly Contact form. The Initial Family Assessment will be completed with the primary household family members within the first four weeks of case opening. This assessment allows the family, in their own words, to discuss their strengths and needs. Also, each assessment provides a way to document various needs of the child(ren). The Monthly Contact form will be completed during each calendar month and reviewed with the family. This tool is to be utilized to document all contacts with families, children, treatment providers, resource providers and provides a structure for communication with team members. This allows the team members the opportunity to obtain medical documents/information about the child and their family and provide Family Support Team Members appropriate access to this information. The Social Service Plan contains discussions for the distribution of the Health Care Information Summary and Child/Family Health and Developmental Assessment forms that are required to be completed and provided to the resource provider within 72 hours whenever possible, but no later than 30 days following the initial placement date. At the time of a subsequent placement the assessment, an updated summary form, and all prior Monthly Medical Logs must be provided to the resource provider no later than 72 hours following the subsequent placement date.

The HealtheIntent platform for children in foster care, a part of the pilot project with the Cerner Corporation, has been implemented. The HealtheIntent platform will provide the basic information for the Health Care Foster Children's Registry and HealtheRecord. The Health Care Foster Children's Registry is a management system with disease and wellness standards of care that combines data from various sources. The purpose of the system is to establish consistent standards to measure medically related services and review the outcomes. The HealtheRecord provides a view of clinical information included in the child's medical history for the past two years. The testing is complete and the platform has been activated. Cerner and Children's Division staff are collaborating to provide system training for staff members in participating counties, which include Jackson, Cass, Vernon, Clay, and Platte. Children's Division and MO HealthNet staff are providing meetings in each participating circuit to introduce the project and the HealtheIntent platform to selected Children's Division staff. Any access to medical information is and will be consistent with federal and state laws regarding confidentiality and patient privacy.

Future Plans for Access to Medical Records

The Cerner pilot project is in the initial stages of implementation. An analysis of the effectiveness and efficiency of the project will be reviewed over a two-year period. Although the project provides access to medical information, the Department continues to discuss ways to create a medical records system that can provide access to a comprehensive medical record. The Department's primary interest is to develop a medical record (electronic and/or paper-based) for each child in foster care that can provide systematic documentation of a child's current and historical medical services.

The Department is committed to the utilization and evaluation of the Cerner pilot project and has invested staff and resources to support this project. Access to a child's medical information is an essential part of the delivery of appropriate care and services. As part of their forthcoming efforts, the Department continues to be dedicated to the vision of a medical records system that will allow access to a standardized system.